



# Application for Commercial Pesticide Applicator License

Please complete an application for each candidate by typing or printing the requested information and check all boxes that apply. Enclose any required reports, insurance affidavits and application for firm license. Then mail the completed form with a check payable to Treasurer, State of Maine to this address: Board of Pesticides Control, 28 State House Station, Augusta, ME 04333-0028

Please fill in any blanks and correct any information that has changed. Check here if anything has changed.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_ E-mail Address **Required** \_\_\_\_\_

Home Address \_\_\_\_\_ Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Company or Agency \_\_\_\_\_ Federal ID # **Required** \_\_\_\_\_

Business Primary Phone \_\_\_\_\_ Business Secondary Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Business Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature of Licensee \_\_\_\_\_ Title \_\_\_\_\_

Signature of Owner/Manager \_\_\_\_\_ Title \_\_\_\_\_

**Section 1 Application For:** (Note: No fees for governmental applicators)

- Initial License \$105.00  License Renewal \$105.00
- Replace/Upgrade/Add Category \$0.00 (NO FEE)

**Section 2 Qualification For:** (Note: Does not apply to Household Pet, Antifouling Paint, or Post Harvest Treatment applicators.)

- Operator  Master

**Section 3 Type of License:**

- Governmental  Custom Applicator for Hire  Custom Applicator not for hire

**Please turn over and complete other side**

**Company / Agency owner, manager or master must complete Section 4.  
"For hire" Companies must complete Section 5.**

**Section 4a Annual Summary Reports**

- Have been submitted
- Are enclosed
- None performed

**Section 4b Insurance Affidavit**

- Affidavit enclosed
- Previously submitted
- Not required (not for hire)

**Section 5 Type of Company: ("For hire" companies only)**

**Section 5a**  Only apply pesticides on or within a premises which is company owned or leased  
*(This type of company need not apply for a firm license.)*

**Section 5b**  Sole Proprietor with NO employees that apply pesticides  
*(This type of company need not apply for a firm license.)*

**Section 5c**  Sole Proprietor with employees that apply pesticides  
 Incorporated     Partnership     LLC  
*(These companies must include an application for a firm license)*

**For Board Use Only**

Fee Required \_\_\_\_\_

Fee Paid \_\_\_\_\_

Check # \_\_\_\_\_

Check Date \_\_\_\_\_

CheckAmount \_\_\_\_\_

Date Tested \_\_\_\_\_

Exam(s) \_\_\_\_\_

Certification Expiration Date \_\_\_\_\_

Category(ies) \_\_\_\_\_

Extend Certification To \_\_\_\_\_

Master Applied \_\_\_\_\_

Company License # \_\_\_\_\_

Insurance Affidavit \_\_\_\_\_

Spray Rpt \_\_\_\_\_

License Type License # \_\_\_\_\_

Audit # \_\_\_\_\_

Date Sent \_\_\_\_\_

Issue Date \_\_\_\_\_

New Expiration Date \_\_\_\_\_